## Edgar Filing: Flexion Therapeutics Inc - Form 4

Flexion Th Form 4	erapeutics Inc											
May 19, 20	)16											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
				ashingto				01111100101	OMB Number:	3235-0287		
if no longer subject to Section 16. Form 4 or			F CHA		N BENE JRITIES		IAL OWN	NERSHIP OF		ed average hours per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type	e Responses)											
			Symbo	uer Name <b>a</b> l on Therap			C	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)				of Earliest				(Check all applicable)				
() () () () () () () () () () () () () (				/Day/Year) /2016				X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO				
				mendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
BURLING	GTON, MA 01803	3						Form filed by I Person	More than One	Reporting		
(City)	(State)	(Zip)	Та	ble I - Non	-Derivati	ve Sec	curities Acq	uired, Disposed o	f, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A) or				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/18/2016			P	2,000	(D) A	\$ 10.2325 (1)	9,568	D			
Common Stock								278,661	I	By the Michael D.Clayman 2006 Revocable Trust		
Common Stock								24,600	Ι	By the Michael D. Clayman		

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							Irrevo Trust	cable						
Common Stock			388,68	388,683 I		By Versant Developmen Fund III, LL (2)								
Reminder: Report on a separate line for each class o	ficially owned directly or indirectly. Persons who respond to the collection of sEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.													
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)														
Security or Exercise any	xecution Date, if	4. Transactic Code (Instr. 8)	of (Month/Day/		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr					
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Reporting Owners														
<b>Reporting Owner Name / Address</b>	Director 10%		a <b>tionships</b> Officer		Other									
Clayman Michael D. C/O FLEXION THERAPEUTICS, INC. 10 MALL ROAD, SUITE 301 BURLINGTON, MA 01803	Х		Presiden	t and CEO										
Signatures														
/s/ Jonathan H. Mahlowitz, Attorney-in-Fact	05/19/	/2016												
**Signature of Reporting Person	Dat	te												

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The weighted average purchase price for the transaction reported was \$10.23250, and the range of prices were between \$10.13 and
   (1) \$10.35. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares purchased at each separate price will be provided.

Shares held by Versant Development Fund III, LLC. The Reporting Person is a manager and minority member of Versant Development
 (2) Fund III, LLC. The Reporting Person disclaims any beneficial ownership of the shares held by Versant Development Fund III, LLC except to the extent of his pecuniary interest in these shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.